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25944 OLIFF & BER P.O. BOX 32085 ALEXANDRIA	I he Stal	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
		THE STATE OF THE S				(Depositor's name)	
		FIRADE	MARK	(Signature)			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET	NO. CONFIRMATION NO.	
10/585,574 07/10/2006 Patrick Alexandre 127766 4331						4331	
TITLE OF INVENTION: NEEDLELESS SYRINGE PROVIDED WITH A DAMPING INJECTOR RECEPTACLE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S	S) DUE DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810		
EXAMINER ART UNIT			CLASS-SUBCLASS	08/11/2010 SMCHAMM1 00000043 10585574			
DESANTO, MATTHEW F 3763			604-068000	01 FC:1501 1510.00 OP			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Paris, France							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s): Issue Fee Publication Fee (N Advance Order - 4	o small entity discount p		Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Check #231163 (\$1810) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).				
	tus (from status indicate		D				
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interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature	Be		Date August 10, 2010				
Typed or printed name Brian K. Kauffman Registration No. 63, 199							
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